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Dated: June 27, 2002

nature: (Thomas J. Engelenner)

Docket No.: 102194-0006 (PATENT)

JUL 0 2 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Dr. Matthew During

Application No.: 09/491,896

Filed: January 24, 2000

For: NMDA VACCINE FOR THE TREATMENT OF

EPILEPSY

Group Art Unit: 1647

Examiner: B. Bunner

RECEIVED

JUL 1 1 2002

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TRANSMITTAL LETTER

Commissioner for Patents Washington, DC 20231

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Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
- 2. Amendment in Response to Non-Final Office Action (27 pages);
- 3. Fee Transmittal (1 page);
- 4. Amendment Transmittal (1 page)
- 5. Check in the amount of \$55.00
- 6. Return Postcard

Our check in the amount of \$55.00 covering the required fees is enclosed. The Commissioner is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by

Application No.: 09/491,896 Docket No.: 102194-0006

this firm) to our Deposit Account No. 141449, under Order No. 102194-0006. A duplicate copy of this paper is enclosed.

Dated: June 27, 2002

Respectfully, submitted,

Thomás J. Engellenner Registration No.: 28,711

NUTTER MCCLENNEN & FISH LLP

One International Place

Boston, Massachusetts 02110-2699

(617) 439-2000

Attorneys for Applicant

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PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032

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			Complete if Known							
FEE TRANSMITTAL			Application Number			09/491,896-Conf. #9210				
for FY 2002			Filing Date			January 24, 2000				
Patent fees are subject to annual revision.			First Named Inventor			Dr. Matth	new During			
			Examiner Name				B. Bunne	er		
X Applicant claims small entity status. See 37 CFR 1.27			Grou	ıp Art l	Jnit		1647		RE(EIVED
TOTAL AMOUNT OF PAYMENT (\$) 55.00			Attorney Docket No.			Э.	102194-0	0006	7 7	
METHOD OF PAYMENT (check all that apply)					FEE	CALCU	LATION (co	ontinued)	JUL	1 1 2002
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Name The Commissioner is hereby authorized to: (check all that epply)			127 50	227	25	Surcharge – late provisional filing fee or cover sheet.				
Charge fee(s) indicated below X Credit any overpayments			139 130	139	130	Non-English specification				
Charge any additional fee(s) during the pendency of this			147 2,520	147	2,520	For filing a request for ex parte reexamination				
application			112 920	112	920*	Requesting publication of SIR prior to				
Charge fee(s) indicated below, except for the filing fee						Examiner action Requesting publication of SIR after				
to the above-identified deposit account.			113 1,840		1,840°	Examiner action			55.0	
FEE CALCULATION 1. BASIC FILING FEE			115 110 116 400	215	55 200	Extension for reply within first month 55.0 Extension for reply within second month			55.0	
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106 330 206			119 320	219	160	Notice of	Appeal			
107 510 207	255 Plant filing fee		120 320	220	160	Filing a br	ief in support	of an appeal		
108 740 208			121 280	221	140		or oral hearing			
114 160 214	80 Provisional filing fee		138 1,510 140 110		1,510 55		-	blic use proceeding		
SUBTOTAL (1) (\$) 0.0			141 1,280		640	Petition to revive – unavoidable Petition to revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			142 1,280		640	Utility issue fee (or reissue)				
	Extra Fee from Claims below		143 460	243	230	Design iss	sue fee			
Total Claims 59 -108** = x = 0.0			144 620	244	310	Plant issue fee				
Independent 7 -7** = X = 0.0			122 130	122	130	Petitions to the Commissioner				
Multiple Dependent			123 50	123	50	Processin	g fee under 37	7 CFR 1.17(q)		
Large Entity Small Entity			126 180	126	180	Submission of Information Disclosure Stmt				
Fee Fee Fee Fee Code (\$) Code (\$)			581 40	581	40	Recording each patent assignment per property (times number of properties)				
103 18 203	9 Claims in excess of 20		146 740	246	370		ıbmission afte	r final rejection		
102 84 202	42 Independent claims in exce		149 740	249	370	For each a	additional inve			
104 280 204 109 84 209	140 Multiple dependent claim, it	not paid	179 740	279	370		(37CFR 1.129 or Continued I	9(b)) Examination (RCE)		
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SUBMITTED BY Complete (if applicable)									i	
Name (Print/Type) Thomas J. Engellenner			Registration No. [28,711 Telephone (617) 439-2000							
			Date June 27, 2002							
Signature			2016	Julie 27, 2002		l				
Fee Transmittal										
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Dated: June 27, 2002 Signature: (Thomas J. Engellenner)										

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